PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED? WIDOWED. MANUE OR DIVORCED may n ba (Write the word) (Month) .....(Day)... 17 6 DATE OF BIRTH 1 HEREBY CERTIPY, That I attended the deceased from a Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at Lo I day hrs. The CAUSE OF DEATH \* was as follows: ESERVED min.? DCCUPATION a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF (Signed) O 192 (Address) ... Q 11 BARTHPLACE 0 11 OF FATHER \*State the Placase Causing Death, or, in OZ deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. CAU (State or country) (2) Whether 0: PA OF MOTHER 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Transstote CCU2 ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_ In the OF MOTHER State ..... yrs .... T Where was disease contracted, if not at place of dea.h?. of ō CIAN3 sho Former or usual res.dence If more b.anks are needed, addreds Ltate Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more present after duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook; Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Sulcsman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia, ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salcsman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as (b) Automobile fuctory. The material Stationary fireman, etc. But in many For persons who have no occupation 6) Grocery; Day

Statement of Cause of Death—Name, first, the Asse causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*erebjospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menleanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory

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/	statement of OCCUPATION is very important. See instructions on back of certificate.	of cert	ack o	s on b	ctions	nstru	200	ant.	nport	ery ir	<u>م</u>	0	A L C	100	ent o	atem	St	
CIANS Should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	iy ciassif	prope	ay be									(	-	-	4			
. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	EXADEL	stated		it me	o that	ins sc	in ter	n pla	TH	DEA	E OF	CAUS	tate	nd s	Stage	ANS	ਹ	
	/		ld be	shou it ma	ACE o that	ins so	supp in ter	efully n pla	car TH i	DE/	Shot	CAUS	form	ni s	Sage	ANS	A C	

Village or City Westmuster No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Registration Dist. No.
2 FULL NAME John & Bar	Ward)  (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Widowed. Widowed.  While Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hamalive on 1-11-31, 192
	The CAUSE OF DEATH * was as follows:
11 BIRTHPLASS	Contributory Secondary  (Signed)  (Signed)  (Address)  (Duration)  (Duration)
OF FATHER  (State or country) Maryland  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
(Informant) Mus a ohn Evens	if not at place of death?
(Addyess) (Wishmush md	Der Park January 1931
Filed Registrar	HB ankurd + 5 on Westminster, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servout, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman. without more precise specification as Stotionary firemon, etc. Locomolive engineer, But in many (6) Grocery,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup-Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of" unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by rollwoy troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Example: Measles (disease etc. The Always qualify all contributory

13 BIRTHPLACE

OF MOTHER

(Informant)

(State or Country)

I/30/3I

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	ECORD	ly supplied. ACE should be stated EXACTLY, PHYS ain terms so that it may be properly classified. Exa See instructions on back of certificate.
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FOR	IS A	So tha
SERVED FOR BINDING	-THIS	upplied terms
SER	NK	ly sain

PLACE OF DEATH	00315 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
Maryland Tuberculos	sis Sanatorium Registration Dist. No. 74
Village or City Henryton, Md. (No. Colored Br 2FULL NAME Nanny Barbour	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE.  MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	Jan. 30, 1931 , 192 (Month) (Day) (Year)
April 9, 1909 , 1 (Year)	I HEREBY CERTIFY, That I attended the deceased from Oct. IO, I93092 to Jan. 30, I93I, 192 that I last saw her alive on Jan. 30, I93I 192 ,
7 AGE   If LESS than   If day hrs.   2	and that death occurred on the date stated above, at 3:20 Pm. The CAUSE OF DEATH * was as follows: Pulmonary Tuberculosis
(a) Trade, profession or particular kind of work Housewife (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country)  Maryland	Secondary (Duryton) mosds.
10 NAME OF George Bland	(Signed) / W. D. Luck - M. D. I/30/3I 192 (Address) Henryton, Md.
OF FATHER  CState or country)  Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C. 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

OF MY KNOWLEDGE

Henryton

astitutions, Transients or Recent Residents)

At place O yrs. 3 mos20 In the 21

Where was disesse contracted, it not at place of dea h?.....

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20	U	NDE	RTAKE	R		1	11	,

19 PLACE OF BURIAL OR REMOVAL

Deputy oca If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V.

Registra

No. 1 Ú >

WRITE

Every item CIANS sho statement

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEA to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Grocery; THE

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek, st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of decommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (seeondary), (secondar/ or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State eause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification, without more precise specification, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Oceupation-Precise statement of ocwhatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective el business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on

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approved by Committee on Nomenclature American Medical Association.) Telanus) may be stated under the head of "eontributory." diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E.:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State eause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of PEATNLY, WITH UNFADING INK-THIS IS A PERMANENT REC

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FOR

RESERVED

ARGIN

1 PLACE OF DEATH

1 PLACE OF DEATH	00317 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
County	Registration Dist. No. 75
Village or City Man Milachel Chr. Full	St; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Suest H Bol	linger give its NAME Instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Strike Wisewed On Bivorce D (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year  17   HEREBY CERTIFY. That Lattended deceased from
Oct 23 1879 (Month) (Day) (Year)	that I last saw how alive on the 1 193
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
B OCCUPATION S Mes. OR Min.?	- multiple Sclerosis
(a) Trade, profession, or farmer particular kind of work	
(b) General nature of industry business, or establishment in which employed (or employer)	(Buretion) 5 yrs. mos.
9 BIRTHPLACE (State or country) Mary Land	Contributory Secondary
10 NAME OF Ser Bollinger	(Signed) URS (Ourelion) yrs. mos.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  DIRA Whilhelm	*State the DINEARE CAUBING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIOAL
M OF MOTHER WIRA Whilhelm	SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or eouotry)  Perma	At place in the effect was disease contracted,
"(Informant) WA Jadia Bollinger	If not et piece of death?  Former or  usuel residence
(Address) Manchester Jud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled yaw 3 nd, 1921 Mrs. Mr. R. S. Denner	20 UNDERTAKER ADDRESS  LT Beignan Aigualist
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoor given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Luborer mabile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer." business or industry, and therefore an additional line For many occupations a applies to each and every person, prespective of age. write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, For persons who have no occupation whatever Stationary fireman, etc. If the occupation has been changed Architect, Locomotive engineer, ('iri single word or term on the But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracinia," "Weakness," ges, perilonacum, etc., Carcinoma, Sarroma, etc., of. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Amacinia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; strictmal, or momicipal, or as probably such, if impossible "Purperal peritonitis," cause. Always qualify all diseases resulting from childhead-homicide; on statement of cause of death approved by Committee "Coma," "Senile," etc.), "Dropsy," (merely symptomatic), The contributory (secondary or intercur-Poisoned by carbalic acid-probably "Convulsions," "Debility" et.c. "Puerperal septichaemia," State cause for which FOR VIOLENT DEATHS "Atrophy," "Col-"Exhaustion," important.

MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERM

WRITE PL V. S. No. 1

PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
n e	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MilowED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    Varing   V = 192   (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922 7. to July 15 , 1981, that I last saw has alive on July 13 , 1981,
7 AGE    If LESS than   I day hrs.   l day hrs.   or min.?	and that death occurred on the date stated above, at 12'44 a.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Jyts mos ds.
9 BIRTHPLACE (State or country)  Pa, —	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF Christian Unorszagt.	(Signed) C. J. Bild Manager M. D. 1/16 1921: (Address) Westmannight
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME,	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine M. Farman  13 BIRTHPLACE OF MOTHER (State or Country)  Germany	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Informant) The Stevenster The A	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLEN Jack Curster Jamis 17 1931.  20 UNDERTAKER  ADDRESS
Filed 192/ FCCOSO Registrar	6. M. Matts Higheld mel.
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. Womtired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (re-)

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shook," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid etc. The contributory affection need not be valvular heart Measles; disease;

PLACE OF DEATH County Farroll	00319 STATE OF MARY
	92-0 Registration Dist. No
Village or City Monow Bridge (No	St.: Ward) (If d a hos tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
males Color OR RACE SINGLE, MARRIED, Hodowy OR DIVORCED (Write the word)	16 DATE OF DEATH  July - 3  (Month) (Day)
6 DATE OF BIRTH  Jaw. Mukur, 1858  (Month) (Day) (Year)	17 MI HEREBY CERTIFY, That I attended to 1920 to that I last saw h malive on about 3 was
75 yrs. 11 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION  (a) Trade, profession or farmed  (b) General nature of industry  business, or establishment in which employed or (employer)	(Duration) yrs.
(State or country) Md,  10 NAME OF FATHER Hamilton Bullea	(Signed) Otts O, World
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)  At place of deathyrsmosds.
(Informant) Lewis Bowns	Where was disease contracted, if not at place of dea.h?
(Address) Union Pridge	Liberty town Ind. Jan 20 UNDERTAKER JOHN
Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
CERTIFICATE	EDEATH

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Jaw - 3 , 1936
(Month) (Day) (Year)
17 Nov. 4 19230, to VS. 30, 19230,
that I last saw h malive on about 3 was daya, 192
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Valvulas Hiert disease
20100000000000000000000000000000000000
(Duration) yrs. 0 mos. 0 ds.
Contributory Secondary
(Duration) yrs. mos. ds.
(Signed) Otes To, Notes M. D.
Jaw 3 1920 (Address) Diberty town
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usus   residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Liberty forow Ind. Jan 5-, 183/
20 UNDERTAKER JACORESS ( )
ditt Wenner W. Va.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	Registration Dist. No. 74
Village or City Lykewille (No. Jungfel	d Hospital St.: Ward) a hospital or institu
2FULL NAME Micholas Byron	tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Widowed.  Male White Write the word)	16 DATE OF DEATH Jaman // 3 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH    8	17 I HEREBY CERTIFY, That I attended the deceased from two limber 32 1920, to finary //2, 1921 that I last saw ham alive on January //4, 1921
7 AGE  56 yrs. 6 mos. 24 ds. or min.?	and that death occurred on the date stated above, at 3,50 p. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Barber particular kind of work	General Arterwsclerosii
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 5 yrs + mos de
9 BIRTHPLACE (State or country) Md.	Contributory Pulmonary Tuberculosis and Bon Secondary Tuberculosis (Right Hip) Duration Value Jan. 28-1921
10 NAME OF James Byron	(Signed) John Norfock mome: M. C.
of FATHER  (State or country)  Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Comma Nouseholder	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death / o yrs. 2 mos. 8 ds. In the 56 State yrs. 6 mos. 4 d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Bally, Md - if not at place of death?
(Informant) Througheld Norpital (Records)	Former or usual residence Bally. Md
(Address) Syklsville Md	Surgiel Jose Cens, Jan 14, 1931
Filed Jan 14 19231 CHarry New Registrar	Well Son Due. Sypesville
If more blanks are nsedsd, addrs.s State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification is laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic - valvular heart disease; The contributory

V. S. No. 1

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1	N. BEvery item. of information should be carefully supplied. ACE chould be stated EXACKLY, PH	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E		J
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	G	×	statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH  County Carroll	06321 STATE OF MARYLAND CERTIFICATE OF DEATH
Maryland Tubercu Village or City Henryton, Md. (No. Colored B: 2FULL NAME Mannie Coombs	losis Sanatorium Registration Dist. No. 74  ranch St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.  Male Color ed (Write the word)	16 DATE OF DEATH an., 29, 1931 , 192
May 6, 1884 , 1 (Year)  7 AGE	that I last saw h alive on Jane, 29, 1931, 192 and that death occurred on the date stated above, at 7.05 AM
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Maryland	(Duration) 0 3 29 ds  Contributory Secondary
10 NAME OF George Coombs	(Signed) Henryton, Md.
OF FATHER  (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Barbara Miller	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place 0 yrs. 1 mos. 10s. In the State 46 yrs. 8 mos. 23 ds  Where was disease contracter altimore, Md.
(Informant)  (Address)  (Address)  (Address)	Former or usual residence 536 Laurens St., Balto., Md.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER O ADDRESS (ADDRESS)
Filed 1/29/31 192 Deputy Local Registral  If more banks are needed, address tate Negistral	r, 16 W. Safatoga St., Balto., Requesting V. Styb. V. Sty.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy, Ourages," etc.), "Dropsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Ilaemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease approved by Committee on st\_ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronicetc. The contributory valvular heart disease; Nomenclature of the

PHYSI-

PLACE OF DEATH
County Carral
Village or City by Kesnell (No. Spruster) 2FULL NAME Harkon N
PERSONAL AND STATISTICAL PARTICULARS
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the wird)
6 DATE OF BIRTH
Moreural 12, 1870 (Month) (Day) (Year)
7 AGE    If LESS than a l day hrs. or min.?
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country)
10 NAME OF FATHER Narrison Danell
(State or country)  12 MAIDEN NAME  (State or country)
of MOTHER Eligabeth Richnes
13 BIRTHPLACE OF MOTHER (State or Country)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Noala Record
(Address) Dy Kes Wills Mid
15 Filed Jan 6 1933/ Chary May 2

STATE	OF M	IAR	<b>YLAND</b>	
CERTIFIC	CATE	OF	DEATH	

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

**************************************
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 6 4 , 198
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw hum alive on
and that death occurred on the date stated above, at 210 am
The CAUSE OF DEATH * was as follows:
General arterio Relevosis
& hypertensem
(Duration) 5 yrs mos de
Contributory Cerclas Daglerring
Quration)yrs. 3 mos. 26 ds
Signed) Det Dudeuer M. D
1-6 - 1931 (Address) Syles rilly ma
*State the I'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

place death.

There was disease contracted, not at place of dea.h?.....

ormer or ual residence OR REMOVAL

ADDRESS

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

WRITE Item

statemen Every it

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fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeanure laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcona, etc., ol approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAR E (\*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: \*Corebrospitalférer (the only definite synonym is "Epidemic cerebrosgrinal meningitis"); \*Divhtheria (avoid use of "Croup"); \*Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, \*Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, "E:haustion," "Heart mure, market "Shook," "Shook," "Shook," "Animition," "Marasmus," "Old Age," "Shook and Animite disease "Dobility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (ctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; necd not be

antiwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
O CONTRACTOR OF THE LIMITS OF	Registration Dist. No.
Village or City WestmundyNo. U	Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME O Longeanna d	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 29 , 1981
Feb 13, 1873	17 I HEREBY CERTIFY, That I attended the deceased from about of 1923 to James 28, 1931.
(Month) (Day) (Year)	that I last saw her alive on Jour, 25,
57 yrs. // mos. /6 de. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or House Wife  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) 7 yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Contr
10 NAME OF CONSENSION	(Signed) Charlingolia M.D.
11 BIRTHPLACE OF FATHER (State or country) LINKENSUS 12 MAIDEN NAME  12 MAIDEN NAME	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Yoursea Barnes	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) David E. Dorsen	if not at place of dea.h?  Former or usual residence
(Address) Westminster Hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Field, 1931.
15 Filed /29 198/ 1000 Registrar	2 JUNDERTAKER ADDRESS ADDRESS Westminder
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, "Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., William laborer, Laborer-laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day -Coul minc, etc. Wom-

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-red term for the same disease. Examples: Cerebro-red term for the same disease. Examples: Cerebro-s, inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tctanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smcide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart discase; etc. The contributory Measles;

S No. 1

PLACE OF DEATH CountyCarroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Maryland Tuberculosis  Village or City Henryton, Nd. (No. Colored I	Registration Dist. No.
2FULL NAME James Dorsey	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  Male  Colored  Single, Married  MARRIED, WIDOWED  OR DIVORCED  (Write the word)	Jan., 15, 1931 , 192 (Month) (Day) (Year)
Sept., 5, 1896 , 1 (Year)	that I last saw h im alive on Jan 15, 1931 192
7 AGE  34 yrs. 4 mos. 10 ds.	and that death occurred on the date stated above, at 10.15 AM The CAUSE OF DEATH * was as follows: Pulmonary Tuber cules is
(a) Trade, profession or Farmer particular kind of work Farmer (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) O yrs. 5 mos ds
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Diration yrs mod de
10 NAME OF James Henry Dorsey	(Signed) Mul Month M. D. 1/15/31 192 (Address) Henryton, Md.
OF FATHER  (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ida Wilmer	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place O 1 mos 10 ds. In the 34 rs. 4 mos 10 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discose contracte Colemans, Md.  If nor at place of deah?  Former or Colemans, Kent Co., Md.
(Informant)  (Address) Henryton, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Still Pour Md. Jan 18, 1931
Filed 1/15/31 192 Mul Concerns	20 UNDERTAKER ADDRESS  New York Sypericle
If more banks are needed, address Ltate Negistrar	, 16 W. Saratoga St., Balto., Kequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as whatever, write None. business, that fact may be indicated thus; Farmer (re report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E :haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of Chronic valvular heart disease; etc. The contributory

H	PHYSI-	PLACE OF DEATH County Courty County C	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD	EXACTLY, y-classifie ficate.	Village of Gity Janey Luther W. E.	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
NENT	be st be pr ck of	PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARRIED MARRIED WIDOWED MORD OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)
FOR BING	ed. ACE should is so that it may structions on ba	(Morph) (Day) (Year)  7 AGE	that last saw h in strend on the date stated above, at 6 1 m.
SERVED INKTHIS	y supplianterm See in	ds. or min.?  s occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Organic Valvulas Heart  Cuseus
MARGIN REUNFADING	d be carefull DEATH in planty important.	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary  (Duration) J. yrs mos ds.  (Duration) yrs mos ds.
MA WITH UI	ation should CAUSE CF D TION IS very	FATHER OWNER OFFICE OF FATHER (State or country)  12 Maiden NAME  12 Maiden NAME  13 Maiden NAME  14 Maiden NAME  15 Maiden NAME  16 Maiden NAME  17 Maiden NAME  18 Maiden NA	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
JI B	of Information	OF MOTHER  13 BIRTHPLACE OF MOTHER (Stafe or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, it not at place of dea.h?
WRITI	CIANS SIN	(Address) aneytown sud  Filed M. 19. 193/ Maris B. Welt	Former or usual residence

If more b.anks are needed, addre s tate Negistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved, by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeauva collisioner, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underas iracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

No. 1 00.0 PHYSI-

	PLACE OF DEATH	See of the second	STATE OF MARYLAND
	County Carroll	14-12-012-0 <del>00000</del>	CERTIFICATE OF DEATH
	Ma	ryland Tuberculo	sis Sanatorium Registration Dist. No. 74 d Branch
Vi	llage or City Henryton	(No. Colore	St: Ward) (If death occurred in a hospital or institu-
	2FULL NAMEJoh	n Fararer	tion, give its NAME in - steed of street and number.)
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE	MARRIED,	16 DATE OF DEATH Jan., 19, 1931 , 192
I	Male Colored	WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	0.0	17 I HEREBY CERTIFY, That I attended the deceased from 11/28/30 192 to 1/19/31 192 192
	April 6, 190		that 1 last saw him alive on Jan., 19, 1931, 192
7	(Month	(Day) (Year)	and that death occurred on the date stated above, at 2.30 AM
		I day bre	The CAUSE OF DEATH * was as follows:
1	28 yrs. 9	mos. 13 ds. or min.?	Pulmonary Tuberculosis
8	occupation (a) Trade, profession or Labore particular kind of work	יין כ	. /4
		······································	
(b) General nature of industry business, or establishment in			(Duration)yrsds.
75	which employed or (employer)		Contributory
9	(State or country) Maryla	nd	Secondary Duration Vis
-	10 NAME OF		(Signed) M. D.
		h Fararer	1/19/31 192 (Address) Henryton, Md.
ENTS	OF FATHER (State or country) Maryla:	nd	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER EUNice	hyounger	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	of MOTHER (State or Country) Maryla	nd	of death Oyrs 1 mos. 21ds. In the 28 rs. 9 mos. 3 ds.
14	THE ABOVE IS TRUE TO THE BES		Where was disease control in not at place of dea was in not at place of dea
	(Informant)	I Weile	Former or usual residence Vienna, Md.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Henryton	, Md,	Vunna Maryland, an 21, 1931.
15	Filed 1/19/31 192/10	V Local Registral	H. M. St. Clair Cambridge Md
-		J	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

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'(Approved by U. S. Census end American Fublic Health Association.)

tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic valvular heart disease; etc. The contributory

LACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 210-mu (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED YHOURS OR DIVORCED (Write the word) (Month) 2] (Day) /93/(Year)..... HEREBY CERTIFY, That I attended the deceased from TE OF BIRTH (Day) (Year) h Cunalive on (Month) IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? SUPATION Trade, profession or ticular kind of work General nature of industry iness, or establishment in ich employed or (employer).... THPLACE Secondary (State or country) (Duration) O NAME OF FATHER 2 195 (Address) II BIRTHPLACE \*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. OF MOTHER State yrs mos ds. (State or Country) Where was disease contracted, if not at place of death?...... Former or usual residence. DATE OF BURIAL Filed Balton, Requesting V. S. No. 1. If more bianks are needed, address State Registrar, 16 W. Saratoga St.,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business; that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housenutd, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

stinal meningitis"; Diphtheria (avoid use of "Croup"); ferer ... (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EA. 2 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Lobar Typhoid fover thever report "Typhoid Pneumonia"); meumonia, Bronchopneumonia ("Pneumonia,

> "Enhaustion," "Heart lallure, lacellorings, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on Nomenclature etc. The contributory valvular heart disease; etc., of

If this certificate is looked over thoroughly and all qu stions answered in deptil, it will prevent further correspondence. All the



No. 1

	PLACE OF DEAT	rH				000011
	County Carry	el				00329
						(23)
Vil	llage or City Spring	blild	Status. 1	de car	Ital S	12 Kes 00.
		10		J	0 1	2. Simon,
	²FULL NAME	a	ma F	De	trech	beck
	PERSONAL AND	STATIST	ICAL PART	ICUL	ARS	MEC
3 5	SEX 4 COLOR	OR RACE	SINGLE,	Ma	mied	16 DATE OF DEA
Je	male whi	ti	OR DIVOR (Write the v	1.		100000000000000000000000000000000000000
6 1	DATE OF BIRTH					17 I HERE
	L.	who	our		, 1	lengust
		(Month	) (Day		(Year)	that I last saw h.
/ /	GE				If LESS than I day hrs.	and that death oc The CAUSE OF D
	68 yrs.	*****************	mos		or min.?	
8 (	a) Trade, profession or		51			Pulmo
P	articular kind of work b) General nature of ind		Ma	ne	****************	
Ь	usiness, or establishment	in				Moreth
4	which employed or (emplo		***************************************	••••••		Contributory
9 6	(State or country)	120	waria			Secondary
1	10 NAME OF FATHER	les	would	n	- :	(Signed) M. U.
. თ	11 BIRTHPLACE OF FATHER	R	savari			Jan. 30 19
RENT	(State or country)	,,,	savaru	_		*State the Violent Causes, Accidental, Suicidental
PAR	12 MAIDEN NAME OF MOTHER	\ 	anlino	u		1B LENGTH OF
	13 BIRTHPLACE OF MOTHER		hullen	ou	~	At place of death 25 yrs2
3	(State or Country)					Where was disesse of
14	THE ABOVE IS TRUE TO	THE BEST	OF MY KNO	WLED	OGE	if not at place of o
	(Informant) hope	tal	Records		********************	usual residence
	(Address) Sylv					19 PLACE OF BUF
15	1			(	50	20 UNDERTAKER
	Filed Jan 3/ 19	23/6	Nau	41	Registrar	L'Illian

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in

Registration Dist. No.

beck	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	30, 1931
17 I HEREBY CERTIFY, That I atte	1921,
that I last saw h. ln alive on Janu	piru 38, 192
and that death occurred on the date stated at The CAUSE OF DEATH * was as follows:	above, atm
Pulmonary Tuberc	ulosis
Contributory Secondary	
(Signed) M. Vinguia Reyer Jan. 20th 1931 (Address) Sykes	mos. do. M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
1B LENGTH OF RESIDENCE (For Hospits ients or Recent Residents)  At place of death 25 yrs mos. ds. In the State.	uskions, Trans-
Where was disesse contracted, if not at place of dea.h?	Minimum
usual residence Taryana	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precious are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

should be stated EXACTLY ACE V INK--THIS supplied UNFADING should be of information . B .-- Every item

RESERVED

MARGIN

PLACE OF DEAT		00330	STATE OF	MARYLAND E OF DEATH
County Co appear		72-2	Registration	1
Village or City OY 15	I da E. Frowe	ler	St.: War	Of Joseph assured i
PERSONAL AND	STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
Female Whi	DR RACE 5 SINGLE, MARRIED. Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Jan.	(Day) (Year)
6 DATE OF BIRTH		17 I HEREB		ttended the deceased from
saf	(Month) (Day) (Year)		Valive on La	
7 AGE 5 6 yrs.	3 mos. 25 ds. If LESS that I day hr	The CATIST OF DEA	1 /1 million (d)	ed above, at The form
(a) Trade, profession or particular kind of work (b) General nature of ind business, or establishment which employed or (employed)	in		(Duration)	2 yrs mos d
9 BIRTHPLACE (State or country)	aryland	Contributory Secondary	(Duration)	yrsmos/d
10 NAME OF FATHER FIRE	nk a Echenrode	(Signed) Ch	3/(Address)	M. C. M. C. M. C. M. C. M. C. M. C.
OF FATHER  (State or country)	aryland	//	Disease Causing Death	h, or, in deaths from Injury and (2) Whether
of Mother al	verta s. Haff		ESIDENCE (For Hos	pitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	naryland	At place of deathyrs	-	he tated
14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOWLEDGE	if not at place of dea	uh?	
(Informant) And	nk Frowler	Former or usual residence	AL OR REMOVA!	DATE OF BURIAL
(Address) (W. A	almuste Ind	19 PLACE OF BURIA	a Wistmete	Jan 17, 1936
15 Filed / /6 18	3/4Cevoor	20 UNDERTAKER	en 1 + Son	Westminet

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The For many occupations a single word or term on without more precise specification as Stationary fireman, etc. But in many person, irrespective of 6) material Grocery;

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(Recommendations on statement of cause of death stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonilis," etc. Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomendature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

RESERVED MARGIN WRITE CIANS sho

(	M	HYSI- Exact
MARGIN RESERVED FOR BINDING	UNFADING INKTHIS IS A PER NENT ECORD	build be carefully supplied. ACE should be stated EXACTLY, PHYSI-F DEATH in plain terms so that it may be properly classified. Exact very important. See instructions on back of certificate.
FOR	IS A	ACE o that
VED F	-THIS	upplied. terms s
RESER	G INK-	ofully sin n plain ant. Se
AGIN 1	FADIN	be care EATH I
MAF	S	F D

	1PLACE OF DEATH	STATE OF MARY
	County Quinoll	CERTIFICATE OF
	near l	Registration Dist. No.
-	Village or City Salem (No.	St.: Ward) (If d
	2FULL NAME Josephine	Aniggull) a hos
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MilowED.  Sex OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day)
	6 DATE OF BIRTH  Opril 16, 1858	17 1 HEREBY GERTIFY, That I attended to
	(Month) (Dsy) (Year)	that I last saw h A alive on H
	7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
4	(a) Trade, profession or particular kind of work	Bronchof mumorua
100	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Police P. Fasself	(Signed) (Signed)
	State of country) Maryland	*State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
	of MOTHER Samuel Williams	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place in the of deathyrsmosds. Stateyrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of dea h?  Former or usual residence
	(Address) Musluministers, Med	19 PLACE OF BURIAL OR REMOVAL DAT
	Filed Jan 27, 1931 6. M. Farrer	20 UNDERTAKER ADDR
	If more b.anks are needed, addre.s Ltate Kegistrar,	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

06331

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	(Ward)	(If death occurred a hospital or instit	
		tion, give Its NAME i stead of street ar	ı d

ADDRESS

#### MEDICAL CERTIFICATE OF DEATH

Janes	eary	7	7	192
	Mont	h)(	Day)	(Year)
17 1 HEREBY GEF	1923 to	at I attend	ed the de	ceased from
and that death occurred of The CAUSE OF DEATH *			ve, at <u>ع</u>	A. m.
Broncho	Por	mon	2	
	(Duration	ı)yr	sm	os
Contributory	Moo o o o o o o o o o o o o o o o o o o			•••••••••••••
(Signed) (Signed) (A)	(Durstio	lites	sm	M. D.
*State the Disease Violent Causes, state ( Accidental, Suicidal or Ho	Causing (1) Means	Death, or, of Injury	in dest and (2)	ths from Whether
18 LENGTH OF RESIDE		Hospitals,	Instituti	ons, Truns-
At place of deathyrsmos	ds.	In the State	yrs	mosds.
Where was disease contracted it not et place of dea h?		9 8 9 9 8 8 8 8 9 9 m 9 m 9 9 9 9 9 9 9		***************************************
Former or usual res.dence	0000000		***************************************	**************************************
19 PLACE OF BURIAL OR		1 1/1	DATE OF	BURIAL 9 193/

No. 30

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Colton mill; should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Fee or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the (a) Salesman, (b) Locomotive engineer, Grocery,

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING En, WITH UNFADING INK---THIS IS A PER.

V. S. No. 1

-Every item of unformation should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should the CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PL 80 Z

PLACE OF DEATH County Courte arroll Village or City Millers (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in steed of atreet on number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192.0. to 29.192/
77 7 17 1	that I last saw h Walive on 20, 193 and that death occured on the date steted above, at 4 A min.?  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry usiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Hyllenson Secondary  (Duration) / D.yrs. mos. d.
10 NAME OF FATHER  11. BIRTHPLACE OF FATHER  (State or country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  (State or country)  14. BIRTHPLACE OF MOTHER  (State or country)  15. BIRTHPLACE OF MOTHER  (State or country)	(Signed)
(Informant) WS Wallam  (Address) MS Mark (Sider	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVA:  20 UNDERTAKER  Gistra:  6 Registray, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approvad by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write Nonc. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc., Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, But in many persons en-Grocery;

Stretement of Cause of Death—Name, first, the Distract Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "phoid fever (never report "Typhoid Pneumonia"); cobar pneumonia. Bronchopneumonia ("Pneumonia");

4

permanently filed.

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the cartificate in

Recommendations on statement of cause of death ictanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Bropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary) stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury Whooping Examples: Accidental drowning; Struck by railway trein-"Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage by cough; Committee on Chronic etc. valvular heart Nomenclature The contributory disease not be

PLACE OF DEATH

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CARS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINE UNFADING INK--THIS IS A PER

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	WRITE PL	Come Itoms
No. 1		7
V. S. No. 1	(-	2

	County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	llage or City Woodbine (No.	Registration Dist. No. 83
	2 FULL NAME Peter J. Goene	a hospital or Institution, wive its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male White Single, Married, Widowed, Widowed, Windows (Write the word)	102
	DATE OF BIRTH	(Month) (Day) (Year) IT I HEREBY CERTIFY, That I attended the deceased from
E1	dug. 17, 1857	
	(Month) (Day) (Year)	that I last saw halive on, 192
7	J 9 yrs. 5 mos. de. or min.?	The AUSE OF DEATH * was as follows:
P	a) Trade, profession or Reliated	head (Suiside)
PA	b) General nature of industry pusiness, or establishment in which employed or (employer)	(Durstion)
9 6	STATE (State or country)	Secondary
	10 NAME OF Shoo. B. Gosnelle 11 BIRTHPLACE	(Signed) Harry Hesse M.D.  (Signed) 1925 (Address) Superstille Md
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Clasissa Farver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the State yrs ds. State ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Villard Prekett	Former or usual residence
_	(Address) Woodbine Ml.	Morgan Chafel Jan 77, 1931
15	Filed Jan 26 1981 Ling M. Hewett	Veer Bow Sykesylle
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Doy who are engaged in the duties of the For persons who have no occupation -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronicvalvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

PHYSI-

	PLACE OF DEATH  County Carroll  Mage or City Ly kesville (No. Springfield)  2FULL NAME Charles N. Gousha	06334  Di Nospital (Sonsha)	STATE OF CERTIFICATE Registration St.: Ward	OF DEATH Dist. No. 74
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH
	Male A COLOR OR RACE SINGLE, MARRIED, Divorced WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH	January	4 <sup>4</sup> , 192/.
6 1	(Month) (Day) (Year)	Seamber 3/	CERTIFY, That I att	ended the deceased from
N. Page	If LESS than I day hrs. or min.?	and that death occurrence CAUSE OF DEAT	red on the date stated	l above, at 12,15 P,m.
() () b	a) Trade, profession or Aay Laborer particular kind of work b) General nature of industry pusiness, or eatablishment in which employed or (employer)  BIRTHPLACE (State or country)  MA.		(oner) (Duration)  omc Interstys (oner) (Duration)	yrs. + mos. 4 ds.
S	10 NAME OF Napoleon Brafaste Gousha	(Signed) John Jan, 4 1931	norfolk m	M. D.
RENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Die Violent Causes, sta Accidental, Suicidal o	scase Causing Death, te (1) Means of In or Homicidal.	or, in deaths from jury and (2) Whether
PAI	OF MOTHER Mary Trabbott  13 BIRTHPLACE OF MOTHER (State of Country)  Mdriver	At place / yrs 7 me	idents) In the Stat	tals, Institutions, Trans-
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contri if not at place of death Former or	Rella Ma	
	(Informant) Springfuld Hospital (Records)  (Address) Sypherville Md	19 PLACE OF BURIAL	. Miloso	DATE OF BURIAL
15	Filed Jan 4 1923/ Charry West	20 UNDERTAKER	Cook	Dallo, Md

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

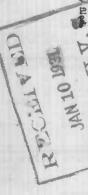
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over the buchly and all questions answered in detail it will prevent (in the correspondence. All the data is essential and must be obtained before the certificate is permanently files.



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			R OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORG		ngle	16 DATE
M	ale	Col	ored	(Write the w			
6	DATE OF BIRTH						8/28
	0 pos	A,	pril 12			1	**************************************
			(Month)	(Day)		(Year)	that I la
7 4	GE					LESS than day hrs.	
Lighting.		23 y	rs. 8	mos. 29		min.?	Pul
	CCUPATION						***************************************
	a) Trade, profes articular kind o			orer	********	******************	***************************************
	b) General natur						
1 5 1	usiness, or estab which employed						
9 E	BIRTHPLACE						Contr
	(State or countr	у)	Maryla	nd			0
	10 NAME OF						(Signed)
			George	Greenh	OW		1/9/
SI	11 BIRTHPLAC	E					*5
RENTS	(State or co	untry)	Virgin	ia			Violen Accide
PAR	12 MAIDEN NA OF MOTHER		Rebecc	a Watts			18 LENG
-	13 BIRTHPLAC						At plane
	OF MOTHER	intrv)	Washin	gton, D	. C.		of death .
14	THE ABOVE IS	-	THE RESERVE THE PARTY OF THE PA		man states		Where wa
			()1	1	21	1	Former or
	(Informant)		Ju		de	w.	19 PLAC
-	(Address	He	enryton	, Md.			Val
15	Filed 1/9/	31	192	w Ce	320	ecce,	20 UNI

Sanatorium

If more banks are needed, addre. a tate Negistrar, 18 W. Ssratoga St., Bilto., Lequesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)

	manne.	1-7
MEDICAL CERTIFI	ICATE OF DEA	тн
16 DATE OF DEATH Jan 9	, 1931	, 192
(Mor	nth)(Day)	(Year)
8/28/29 192 . to	hat I attended the	
that I last saw h im alive on J	an., 9, 1	931, 192
and that death occurred on the da	te stated above, at	9.35 PM
The Cause of Death * was as for Pulmonary Tubercu		
•		
(Durati	on) 2 yrs. 0	9ds
Contributory Secondary		
Dugai	ion) ( vr	mosds
(Signed) (Address) H		
*State the Viscase Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.		
18 LINGTH OF RESIDENCE (For	r Hospitals, Inst	itutions, Trans
At place 1 yrs 4 mos. 12s.	In the State 23 yrs.	8 mos. 29ds
Where was disease contracted India		
Former of usual residence Indian Head	, Charles	Co, Md.
19 PLACE OF BURIAL OR REMOVA		OF BURIAL
20 UNDERTAKEB	APPRE	13 103
20 UNIVERVANED	CSEPHE	33

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(Approved by U. S. Census £nd American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective cl whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect; to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "E haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. ..... (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJUNY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; nephritis, etc. The contributory

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White there, with UNFADING INN-Inis is A F	very item of information should be carefully supplied. ACE signals should state CAUSE OF DEATH in plain terms so that it	tatement of OCCIIDATION is now improved to the transferred
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V. S. No. 1

PLACE OF DEATH  County Overall	06336 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 74
Village or Cit Sykesville (No pringfee	(If death occurred in a hospital or institu- stead of street and
2FULL NAME Comma f. J	rass. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARKELA OR DIVORCED (Write the word)	16 DATE OF DEATH ALLIANS 24, 1993 (
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to 1824, 19236, that I last saw hele alive on Additional 24, 19236,
7 AGE (IfLESS than	and that death occurred on the date stated above, at A. De m.
/ / I day hrs.	The CAUSE OF DEATH * was as follows:
b ds. or min.?	A
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebral arteriaselerisis
(b) General nature of industry business, or establishment in	<i></i>
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Pennay Ruania	Contributory Secondary  Secondary  Mace thear Type  (Duration)  Vis. mos. de.
10 NAME OF Leta me Preighner	(Signed) Malla M. Rese, M. D.
M II BIRTHREACE OF FATHER	1-24-192/ (Address) Sy Bladelle Ma
Z (State or country) emby wanted.	*State the I'is ase Causing Feath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mandella Miller	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Lungy luanies	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dead?
(Informant) Hasketal Records	Former or usual residence Wallemane, MA
(Address) Sy Revoille nd	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL GOT LY, 1931
15 Filed Jan 24 19231 Offany Wee	20 UNDERTAKER ADDRESS  Lo Little Littlestown Pa
If more banks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (teor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all American Medical Association.) Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Carroll	06337 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hampstead (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3( (Month) (Day) (Year)
6 DATE OF BIRTH april 12, 1866	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   I day hrs.	and that death occurred on the date stated above, at 300 Pm  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Hannel particular kind of work	cong um 7 morniga
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion)ds  Contributory
10 NAME OF FATHER SENGE Dross	(Signed) P. F. Will Mrs. M. D. Jan (1931 (Address) Manchester Md
OF FATHER (State or country)  Wary terred  12 MAIDEN NAME  12	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COUNTY)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Translents or Recent Residents)  At place of deathyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) JUN J V. H. Richards (Address) Drum stead ned	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Wesley Chapel Lan 13, 193
Filed //12 18 104 aabbutt Registrar	Eder Et pton Hampetead
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Womnot gainfully em-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerchrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

S

PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Mestriuster R7 2 FULL NAME Benjiman 7	Registration Dist. No. 7 5  St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OF RACE 5 SINGLE, MARRIED, WILLOWES OF PIVORCED (Write the word)	16 DATE OF DEATH JOW (Month) (Dav) (Year)
7 AGE (Month) (Day) (Year)	that I last saw h herefore on the date stated above, at 7 m.
occupation (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CCCC Summel  11 BIRTHPLACE OF FATHER (State or wintry)  12 MAIOEN NAME  12 MAIOEN NAME	(Signed) Well R Sherver, M. O.  (Signed) Well R Sherver, M. O.  State, the Dispass Causing Death, or, in deaths from Violent Causes, state (1): Means of Injury; and (2) whether Accidental, Suicidial or Homicidal.
of MOTHER Surcessel Snyder  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) Lattin & Summel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS) At place In the ef death yrs. mes. ds, State, yrs. mos. ds. Where was disease contracted, If not at place of death? Formar or usual residence
(Address) Wellmster R.F.Le. 4  16 Flee Jan. 11 St 193 Mrs. H. R.S. Denne	19 REACE OF BURIAL OR REMOVAL OATE OF BURIAL  28 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are peeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." mobile factory. The material worked on may form part business or industry, and therefore an additional line taken to report specifically the occupations of persons write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, ctc. the second statement. For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return etc., If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Disphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent draths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puehperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by "Old Age," "Shock," "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Uracmia," "Weakness," carbolic acid-probably Never report mere "Atrophy," "Col-(Recommendations "Exhaustion." ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1931

S. No. 1

N. B.

PLACE OF DEATH  County County CERTIFICATE OF DEATH  Registration Dist. No. 7	
Village or City Trippelburg (No. St.: Ward) (If death occur a hospital or tion, give its N/ stead of stree number.)	arred in institu- AME in et and
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WOULD 16 DATE OF DEATH AUGUS 29. 19:  (Month) (Day) (3	
6 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the decease  (Month) (Day) (Year) that I last saw herealive on flux 25,	1923/,
7 AGE    If LESS than   and that death occurred on the date stated above, at % to the CAUSE OF DEATH * was as follows:   The CAUSE OF DEATH * was as follows:   Overline   Cause of Death   the cause of the date stated above, at % to the cause of the date stated above, at % to the cause of the date stated above, at % to the date stated above	52 m.
B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry pusiness, or establishment in which employed or (employer)	ds.
9 BIRTHPLACE (State or country) Carrell Co  1 10 NAME OF OF OFFICE OFFIC	cal.
11 BIRTHPLACE (Signed) (Signed) (Address) Westmann	M.D.
OF FATHER  (State or country)  When the Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal.	frm
of MOTHER Dandson   B LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)	3run=
At place of deathyrsmosds. In the Stateyrsmosds.	da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Where was disease contracted, it not at place of dea.h?	
(Informant) John D. Haifly Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BUR	RIAL
(Address) Westmindles to Boust gan 31.	193.1
Filed Jan. 29 193/ Margaret P. Englan 20 UNDERTAKER  Registras 20 UNDERTAKER  January Son Son Sanlyton  Memory hapks are needed, address tate Registrar, 16 W. Saratoga St., Balton, Esquesting V. S. 199, 1.	un f

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Form laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (o) Foreman, (b) Automobile foctory. The material whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on or At Home, and children, not gainfully emknow (a) the kind of work and also (b) the yrs). For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the princry affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, American Medical Association.) Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvulor heart disease; Example: Measles (disease

If this pertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CEIVED

Exact

PLACE OF DEATH	STATE OF MARYLAND
County / srvl	CERTIFICATE OF DEATH
	(8)
Muin Charte	Registration Dist. No.
Village or City (No.	St: Ward) (If death occurred I a hospital or institution, give its NAME in
2FULL NAME Clarence	Ition, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , (You) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I artended the deceased from
/ 27 193	192 Sto
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work	Stilleborn
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)ds
9 BIRTHPLACE	Contributory
(State or country)	Durshood yrs mos ds
10 NAME OF	MALA
FATHER autour	(Signed)M. D
U II BIRTHPLACE OF FATHER	
Z (State or country) Limited Mount	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Horence Eng Haine	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Flource Eva Hames	Former or usual residence
(Address) White Muton PPD	On Home Farm On 28, 19 1
15 File Jun 28 1923/ Luly 2 Report	COUNDERTAKER ADDRESS FILES & STATE FILES & STATE OF THE S
lf more banks are needed, address tate kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S.Ko. 1.
	Americano,
	1md.

V. S. No. 1

CIA

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coul minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Flanler, sician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospaul farer (the only definite synonym is "Epidemia cerebrospaul sinal meninatis"); Dinhlheria (avoid use of "Croup"); Inal meninatis"); Dinhlheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY ChronicExample: Measles (disease affection need valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions aniswerkd in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N	)	, PHYSI-
	RECORD	ted EXACTLY porty classificate.
BINDING	PERANEN	should be start it may be pro
HOR	IS A	ACE that
SIN RESERVED FOR BINDING	ADING INK-THIS IS A PER ANEN RECORD	ATH in plain terms so that it may be properly classified. Exact moortant. See instructions on back of certificate.
Z	ADI	ATH

ECORD  I EXACTLY, PHYSI- rly classified. Exact	Villa	PLACE OF DEATH  ounty Carroll  Md. Tuberculosis Sanatorium (Colored Bran (No.  2FULL NAME William Archie Hall,	CERTIFICATE OF DEATH Registration Dist. No. 74
Stated E		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NE NE	Ma		16 DATE OF DEATH Jan. 25, 1931. , 192
R BINI A PEI CE chou	6 D	Apr. 14, 1907.  (Month) (Day) (Year)	Aug. 15, 1930 192 to Jan. 25, 1931 192 that I last saw is alive on Jan. 25, 1931 192 192 1931 192 1931
D F	7 AC	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
INK-/	(a pa (b bu	Trade, profession or Laborer ticular kind of work General nature of industry siness, or establishment in	Pulmonary Tuberculosis  (Durstion) 0 yrs II mos 0 ds.
MARGIN RE UNFADING Puld be-carefu		RTHPLACE (State or country)  Maryland.	Contributory Secondary  Dyfation was de.
		FATHER William Hall,	(Signed) M. D.
WITH on sho	TS	of father (State or country) Maryland.	*State (the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y, W	AR	of Mother Lena Jenkins,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
nfor		OF MOTHER (State or Country) Maryland,	At place O. yrs. 5. mos. IO. ds. In the State. 23.yrs. 9. mos. II. ds.  Where was disease contracted, ???????
WRITE WERY Item of IANS Shound attement of		(Informant) John E. O'Neill,	Former or Gaithersburg, Md.  usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WRI ery its		(Address) Henryton, Md.	Mont fear mo yan 28, 10 I
B. No. 1		Filed I/25/3I 192 Mul Collection Dep. Local Registrar	20 UNDERTAKER MORRISS MILL
2 2		If more branks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more picces of the laborer, Form laborer, Loborer—Coul minc, etc. Wom-Spinner, (b) Colton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when necded. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin\_itis"); Diphtheria (avoid use of "Croup"); sphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonacum, etc., Corcinoma, Sorcoma, etc., of lclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary froman, etc. But in many cases, mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager, write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever ," "Dealer," etc., without more At home. Care should be Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerébrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, meninunqualified, is indefinite); Tuberculosis of lungs,

ges, peritonacum, eta., Carcinoma, Sarcoma, etc., of..... suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness. genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-prabably Struck by railway train—accident; Revolver wound of state weans of injury and qualify as "PUERPERAL periloralits," etc. State cause for which birth or miscarriage as on Nomenclature of the American Medical Association.) "Coma," The nature of the injury, as fracture of skull (mercly symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," "Debility" "PUEHPERAL septichaemia," (Recommendations ACCIDENTAL,

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PL

PLACE OF DEATH	06343 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
4	Registration Dist. No. 74
Village or City Lyhlsvelle (No. Physis 2 FULL NAME Tharton John PERSONAL AND STATISTICAL PARTICULARS	fuld Hospital St.: Ward) a hospital or institu
-I OLL NAME	number./
	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED.  White White OR DIVORCED (Wite the word)	16 DATE OF DEATH January 217 3, 193/ (Month) (Day) (Year)
B DATE OF BIRTH  Lecenster / 6 = , 19  (Month) (Day) (Y	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (F	
7 AGE   If LESS   1 day	
8 OCCUPATION (a) Trade, profession or Brokkeeper	Terural Paralysis of the meane
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 10 mos 19 ds
9 BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF FATHER Hylliam Johnson	(Signed John Norfolk Morris M. D
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Berth a Bowers	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLAGE OF MOTHER (State or Country)	At place of death yrs 10 mos. 19 ds. In the 25 yrs 1 mos 1/ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Ballo, Md
(Informant) Springfreed Hospital (Recond	Former or usual residence Balti Md-
(Address) Dykleville, Md.	Loudon Park Jaw 30, 1931
Filed Jan 28 1923/CHarry Mrs. Registre	olin . Wilhel Ballotte
If more blanks are needed, address State Reg	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more precise specification in laborer, Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CIANS statem

X		LY, PHYSI-
ÜZ	PL, WITH UNFADING INK-THIS IS A PER NENT CORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- lid state CAUSE CF DEATH in plain terms so that it may be properly classifled. Exact of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	IIS IS A PERM	led. ACE should us so that it may structions on ba
IN RESERVE	DING INK-TH	carefully suppli TH in plain term nportant. See in
MARG	, WITH UNFA	ation should be CAUSE CF DEA TION is very in
	PL.	of information of occupa

PLACE OF DEATH County Cove 00	60344 STATE OF MARYLAND CERTIFICATE OF DEATH
County	13)
Village or City Sylessille (No. Springfiel	a hospital or institu-
2 FULL NAME Gernard Raiser	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH January 3 - , 1931
Male While (Write the word) Dugle	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Softander 12 1928. to Jan 3-, 1921, that I last saw haralive on Jan 3, 1921,
7 AGE     If LESS than	and that death occurred on the date stated above, at 5.75 P.m.
62 yrs. 2 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Epilepay - 62 years
particular kind of work  (b) General nature of industry	Chiterior dolors - over 4 years
business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer)	Contributory Chronic Suterstitud beforet
9 BIRTHPLACE (State or country) Walnut of Columbia	Secondary Duration 2 yrs mos ds.
10 NAME OF FATHER D. D. IV.	(Signed) Grace R. Snyder M.D.
11 BIRTHPLACE	Jan 36 1931 (Address) Fy Klasille, Mad
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine bails	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place V yrs 3 mos Y ds State Yrs 2 mos 3 ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, was true to the contracted of deah?
- 0 - GM +: 1	Former or usual residence Hyattainela md
(Informant) To below Micorols	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Shugheld State	20 UNDERTAKEN ADDRESS
Filed Jan 3 19231 Harry / See	I Gaselis Sous Ayatlanlle

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ko. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menmerican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart etc. The contributory affection need Nomenclature of the disease; not be

and the certificate is sound there thoroughly and all questions and related by the certificate is essential and must be obtained before the certificate is permanently filed.

BUREAU 7.1931

I HEREBY CERTIFY. That I attended the the data stated \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and TE LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the If more blanks are needed, address State Registrar, 16 Saratoga St., Balto., Requesting V. S. No. 1

(If death occurred in a hospital or institution, give ita NAME in-stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Howemuid, etc. If the occupation has been changed guged in domestic service for wages, as Savant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer Farm laborer, Laborer—Coal mine, etc. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Peal-Spinner, (b) Colton mill; should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Physician, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and ewry person, irrespective of fulness of various pursuits c. a be known. The quescupation is very important, to that the relative health Statement of Occupation -- Precise statement of ocor At Home, and children, not gainfully em-Foreman, especially in industrial emplorments, it is neces-For many occupations a single word or term on without more precise specia ation as Day Compositor, Anchitect, For persons who have no occupation (b) Automobile factory. The Stationary fireman, et .. But in many (a) Salesman, b) Locomolive engineer, ninteria } Grocery; -mo S

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted ted term for the same disease. Examples: Cerebraphidal (the only definite synonym is "Epidemia cerebratical inal meningitis"); Diphtheria (avoid use of "Croup"); piphoid fever (never report ""Typhoid Pneumonia"); piphohar pneumonia, Bronchopneumonia ("Pneumonia,");

totanus) may be stated under the head of "contributory." approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revoiver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOLLICIDAL, diseases resulting from childbirth or miscarriage as "PJERPERAL septicaenta," "PUERPERAL peritonitis." etc. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"Exhaustion," "Heart\* failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. causing death), 23 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinana, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Comnittee on Nomenclature of the Example: Measles (disease ralvular heart discuse; etc. The contributory

American Medical Association.)

If the certificate is Loked over thoroughly and all questions abserted in detail, it will prevent further correspondence. Alther parangently fied.

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Filed 1/14/31 192

	W)	PHYSI-
MARGIN RESERVED FOR BINDING	WRITE PI TY, WITH UNFADING INK-THIS IS A PER KNENT ECORD	N. BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS Should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DE Carroll	АТН	SE COLORA	STATE OF MARYLAND CERTIFICATE OF DEATH		
Vi		Maryland yton, Md. (No. Helen McGee		sis Sanatori Branch	um Registration DSt.: Ward)	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SSINGLE, MATRIED, WIDOWED. OR DIVORCED			16 DATE OF DEATH	AL CERTIFICATE 0		
Female Colored (Write the word)  6 DATE OF BIRTH  April 14, 1894  (Month) (Day) (Yesr)				Oct., 3, 19	CERTIFY, That I atte	(Day) (Year) (Day) (14, 193, 192) (14, 193, 192)
7 AGE 36 9 0   If LESS than I day hrs. or min.?				The CAUSE OF DEAT	ed on the date stated of the was as follows: 7 Tuberculos:	is
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)					(Duration) 3	yıs. 2 mos. 14 ds.
9 1	State or country)	(State or country) Maryland		Contributory Secondary	(Duration)	ys mes ds.
PARENTS	10 NAME OF FATHER	William Trav	ers	(Signed)	(Address) Henry	ton, Md.
	OF FATHER (State or country)	Maryland			scase Causing Death, ate (1) Means of Inju- r Homicidal.	
	OF MOTHER	Ida Scye			SIDENCE (For Hospital	als, Institutions, Trans-
	OF MOTHER (State or Country) Maryland		At place 0 3 m	os. lds. In the State	36 <sub>yrs</sub> 9 <sub>mos</sub> 0 <sub>ds</sub> .	
(Informant)  (Address) Henryton, Md.				Former or 1021 usual readence	L Ashland Ave	Balto., Md
				asken Co	unty t	ADDRESS , 193/

If more banks are needed, addre.s Ltate Registrar, 18 W. Saratoga St., Bulto., Requesting V. S. I.o. 1.

Meul Registra:

Deputy Local

20 UNDERTAKER

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cl cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the husiness or industry, and therefore an gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer, ,"","Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(E:haustion," "Heart failure, Liaemolliage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Taemorrhage," (secondar/ or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need not be etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND		
County Carroll	CERTIFICATE OF DEATH		
A second	82:00		
1 1 1.	Registration Dist, No.		
Village or City Desperally (No. Sprange	Stale St. Name of death occurred in a hospital or institution, give lts NAME instead of street and		
<sup>2</sup> FULL NAME CEEFFEET IN	Allu number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suiz le WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JULIAN, 1989/ (Month) (Day) (Year)		
6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended the decessed from		
(Month) (Day) (Year)	that I last saw holy alive on Lawrence (2, 1923)		
7 AGE [If LESS than	and that death occurred on the date stated above, at 15 a'm,		
I day hrs.	The CAUSE OF DEATH * was as follows:		
Most 7 3 yrs. mos, ds. or min.?	A		
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebral Demorrhage		
(b) General nature of industry			
business, or establishment in which employed or (employer)	(Duration)yrsmosds.		
9 BIRTHPLACE (State or country) Wasen Luck	Contributory Secondary		
10 NAME OF	(Duration) mosds.		
FATHER blukerann	(Signed) M. D.		
o 11 BIRTHPLACE	1-199 (Address) Sylvaille Mi		
OF FATHER (State or country) Walykark	*State the Discase Causing Seath, or, in deaths' from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER MURRIAM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER (State or Country)  Waryland	ients or Recent Residents)  At place / Tyrs mos ds.  In the \$\mathcal{T} 3 \\ State \mathcal{T} \\ yrs mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not et place of dea.h2		
NI · · · · ·	Former or Seltiment M		
(Informant) Aroppetal receids	usual readence		
(Address) Se Resails Ma	Western Cemeters Jen 15, 1931		
Filed Jan 13 19231 CHarry New	20 UNDERTAKER TO LA LADDRESS QUE		
Registrar	In m. I I would will be fools		
If more bianks are needed, address State Registrar	, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is responsed to the certificate in the certificate is the control of the certificate in the certificate is the certificate in the certificate



1PLACE OF DEATH				
County Caucel				
Village or City Manalester (No.				
2FULL NAME Joliu / // illi				
PERSONAL AND STATISTICAL PARTICULARS				
Male White Single, Married, Widowed.  Whate Write the word)				
6 DATE OF BIRTH				
(Month) (Day) (Year)				
7 AGE    If LESS than   I day hrs.   or min.?				
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)				
9 BIRTHPLACE (State or country)  Marylened				
10 NAME OF GEORGE Muller				
OF FATHER (State or country)  (State or country)				
OF MOTHER Contry)  12 MAILEN NAME OF MOTHER Conduct the Mault 13 BIRTHPLACE OF MOTHER (State or Country)  12 MAILEN NAME OF MOTHER (State or Country)				
(Informant) Mus Juliu I Miller				
(Address) Styleisburg Well				
15 Filed Jan. 16 - 1932 Mrs. Ar. R. S. Denner				

06348

#### STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

(131)

If more banks are needed, addre state Registrar, 16 W. Saratoga St., Balto, Lequesting V. S. I.o. 1

Registration Dist. No. 75

(If death occurred in a hospital or institu-

tion, give its NAME in -

-	les stead of street number.)	an
	MEDICAL CERTIFICATE OF DEATH	
/	16 DATE OF DEATH	,
7	(Month) (Day) (Year	)
	17 HEREBY CERTIFY, That attended the deceased f	
6	Dic v 198 0. to Jan, 15, 196	3/.
	that I last saw h has alive on Jegur 9, 198	3./.
1	and that death occurred on the date stated above, at	_m
	The CAUSE OF DEATH * was of follows:	
	7	
	Mitral Insuffriency	
	0 (David) / //	
	Contributory Chronic Interstellast	da
ĺ	Secondary . A	
	Nefelection (Duration) gyrs / mos. / C	da.
	(Signed) Chow M. Dush M	. D.
	1/16/ 1981 (Address) Hamfusteal M	id
-	*Itate the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir ients or Recent Residents)	no
	At place of deathyrsmosds. In the Stateyrsmos	ds
	Where was disease contracted, it not at place of dea h?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	Pleasant Valley Jan 18, 190	31
	20 UNDERTAKER ADDRESS	1

S No 1

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,".

> American Medical Association.) (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsia, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

V. S. No. 1

N. B.

PHYSI-

	66343
PLACE OF DEATH	STATE OF MARYLAND
County Canall	CERTIFICATE OF DEATH
WITHIN COAM	Registration Dist. No.
Village or City Washin of M. M. O.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME / 1867 - ///	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whith Single, Wildowed.  Write the word	4 16 DATE OF DEATH / 9 , 193/
6 DATE OF BIRTH	17 I HEREBY CERPIFY that I attended the deceased from
1 19 19	3/ 189 - 192
***************************************	that I last saw h alive on , 192,
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	hrs. The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration),
10 NAME OF FATHER OF Thun R Mumford  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
of Mother Came I me zigge	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Westmindle H	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed // 9: 10/ Frwood	20 UNDERTAKER  HBacksoften Maline

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs. state occupation at beginning of illness. If retired from Spinner, (b) Collon should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Housenuid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation mill; (a) Salesman, (6) Grocery,

Strument of Cause of Death—Name, first, the DISE EACH ("VENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. (Recommendations on statement of cause of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meastes; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, etc. The contributory

	1PLACE OF DEATH
	County Can oll
Vil	llage or City Fidgeville (No
	PERSONAL AND STATISTICAL PARTICULARS
3 :	male White Single, Married, Widowed, OR DIVORCED (Write the word)
6	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	AGE [If LESS than
	8 yrs. mos. ds. or min.?
) b	a) Trade, profession or Merchaut, (utiled) b) General nature of industry susiness, or establishment in which employed or (employer)
	(State or country) Maryland,
	10 NAME OF Hilliam 1. normood.
RENTS	OF FATHER (State or country)  Maryland,
PARI	12 MAIDEN NAME CARBARA E, Ryan,
	13 BIRTHPLACE OF MOTHER (State or Country)  Manyland,
14	(Informant) . Lawa a normood,
	(Address) ont. airs med.
15	File Jan 9. the 1981 Im Duyder

66350

2000

O UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 8

St.:Ward)	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and
	stead or street and

ADDRESS

MEDICAL CERTIFICATE OF DEATH			
	ij = 8		
17 I HEREBY CERTIFY, Tha	Lattended	the decease	123./
and that death occurred on the date. The CAUSE OF DEATH * was as follows:	stated above	, at	a n
She mer	etilial	neps	ui
Contributory Gurical	2 denit	moe	d
(Signed) (Signed) (Address)	rill	12	d M. I
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury a	in deaths ind (2) Whe	rom
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitale, I	nstitutions,	Tran
At place of deathyrsmosds.  Where was disease contracted,	In the State	778moe	d
if not at place of desith?	10000000000000000000000000000000000000		••••••
19 PLACE OF BURIAL OR REMOVAL	- Jan	TE OF BUR	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

> American Medical Association.) (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ........ (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease valvular heart disease; etc. The contributory Measles;

-	
( M)	
1 151	
_	

PLACE OF DEATH County Carroll

00351

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(23)	
Sanatoriu	m,

Registration Dist. No. 74

Maryland Tuberculosis (Nd Colored Branch) Village or City Henryton.

St.: Ward)

2FULL NAME Sherman Palmer.

(If death occurred in a hospital or institu-tion, giva Its NAME in-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
Male Color	OK KACE	MARRIED, WIDOWED, OR DIVORCED (Write the word)		January 3, 1931. , 192. (Month) (Day) (Year)
7 AGE	(Month)	I899, (Day)	(Year)	I HEREBY CERTIFY, That I attended the deceased from Dec. I5, I930,92 to Jan. 3, I931,192 that I last saw him alive on Jan. 3, I931, 192 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession of particular kind of work		Laborer	-	Pulmonary Tuberculosis.
(b) General nature of in business, or establishmen which employed or (emp	nt in	*****	o (m aa aa a coon <b>oo o o o o o o o o o o o o o o o o o</b>	(Durstion) 0 yrs 3 mos 0 da
9 BIRTHPLACE (State or country) Pennsylvania.			Contributory Secondary  (Dystion)  yts  mosde	
10 NAME OF FATHER	Ja	mes Palm	er,	(Signed) Mul (Mul (Mul (Mul (Mul (Mul (Mul (Mul
OF FATHER Z (State or country)	No	orth Caro	lina.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
OF MOTHER	Ma	mie Jack	son,	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trum
OF MOTHER (State or Country)	Vi	rginia.		At place O yrs. O mos. I.9 ds.  In the IO yrs. — mos. — ds.  Where was disease contracted.
(Informant) (Address)	John Her	E. O'Nei	11.	Where was disease contracted, 177???? If not at place of dea h?  Former or Reisterstown, Md.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  LIPERIAL  ADDRESS,  LIPERIAL  LIPERIAL  ADDRESS,

If more b.anks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. ho. 1.

No. 1 32

(Approved by U. S. Census and American Fublic Health Association.)

cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation er," etc., without more precise specification in laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disc se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Stictanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY etc. The contributory

1PLACE OF DEATH	00352 STATE OF MARYLAND
County Christil	CERTIFICATE OF DEATH
Village or City Aurente (No. Aprille	Registration Dist. No. 74  Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME JASEPA TOLLER	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Single OR DIVORCED (Write the word)	16 DATE OF DEATH -23 -, 192- (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decaased from  17 I HEREBY CERTIFY, That I attended the decaased from  18 19 19 19 19 19 19 19 19 19 19 19 19 19
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 25 pm.
# O yrs. 7 mos. 7 de or min.?	The CAUSE OF DEATH * was as follows:
# O yrs. mos. ds. or min.?	Delia de de
particular kind of work successful	Market & Debles 11-
(b) General nature of industry	all the state of t
business, or establishment in which employed or (employer)	(Duraylon) yrs. mos 2.3 ds.
9 BIRTHPLACE	Contributory & clased weart
(State or country)	Secondary Quantilan VIII Quaddeux
TO NAME OF FATHER FOUND PORTION	(Signed) DA Destalism, M. D.
11 BIRTHPLACE	1-23 192 (Address) SUKLS MILE-MI
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Flances Barrula	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recant Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos 10 ds. In the State 26 yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Hospit Record	Former or usual residence 114 Ta and Cember Land 944
(Address) Sykesville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DAW 26, 1931
Filed Jan 23 1923/ Chang Weev Registrar	Teer you Ive syperile
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise special mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory affection need not be

(1		f, PHYSI- ed. Exact
	CORD	eriy classifi
DING	NENT	uld be state
FOR BIN	IS A PER	So that it n
ESERVED	INKTHIS	ulfy supplied
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PER NENT CORD	ould be carefully supplied. ACE should be stated EXACTLY, PHYSI.

PLACE OF DEATH County Carroll	00353 STATE OF MARYLAND CERTIFICATE OF DEATH
0	82-2) Registration Dist. No.
Village or City Gamber (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5 SINGLE, MARRIED, WIDOWED OF Chowed OR DIVORCED (Write the word)	January 31, , 1951  1st (Month) 31 (Day) 1978 (Day)
S DATE OF BIRTH  (Moath) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to , 192 , that I last saw h alive on , 192 ,
7 AGE  90 yrs. 9 mos. 45 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mos,ds,
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Abraham Brugh  11 BIRTHPLACE	Contributory Secondary  (Duration) yrs mos ds. Coroner M.D.  192 (Address) Westminster, Md.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER HONOR BENNEST  13 BIRTHPLACE OF MOTHER (State or Country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Address) Gamber md	mount Pleasant Flet 3 1931
Filed 72 1923 Meedo Registras	THE ADDRESS ADDRESS Westminster 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more blanks are needed, address State Registral	1, 10 the Datacoga Die, Dateon, Requesting to D. T. D.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired fron or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been change to report specifically the occupations of persons en Forenun, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Grocery;

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart manure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); tctanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) approved Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, etc. The contributory need not be Measles ;

m ż

PLACE OF DEATH County Carroll	00354 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lykesoulle (No. Springful 2FULL NAME John Ray	Registration Dist. No.  Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	January 6 , 1931.  (Month) (Day) (Year)
6 DATE OF BIRTH Unknown Unknown 1866	In HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h in alive on January 52, 1927
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or Day Labour.	Cerebral arteriorelesses
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) 5 yrs. 7 mos. 7 ds.  Contributory Chrone & alvul as Hent Druge.  Secondary  Mill al Regurgitation (orin) 7 yrs. 7 mos. 7 ds.
10 NAME OF John Ray	(Signed) John Norfolk Morris . M. D.
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Biddie Laughlion	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Oreland.	ients or Recent Residents)  At place /5 6 mos. /6 ds. In the 64 7 foot ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Imagheld Hospital Records)	Former or usual residence Bally, Ind -
(Address) Tykewille md	Battimore Me Jan 8, 195
Filed Jan 6 1923/ Cotany Weer Registrar	20 UNDERTAKER Weidefeld ADDRESS CONTRACTOR

If more branks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the pris-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanure,
> "(Inanition," "Marasmus," "Old Age," "Shock,"
> "(Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, American Medical Association. "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory affection need not be

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Reg	sistration D	ist. No. D	-f
St.:	Ward)	a hospital	occurred in or institu- ts NAME is street and
CERTI	FICATE O	F DEATH	
11/			

16 DATE OF DEATH Surv. 11	1031
	Day) (Year)
17 / I HEREBY CERTIFY, That Lattende	ed the deceased from
MW. 1 1000 Jan	1.60,1931
that I last saw her alive on Accus	10 , 193/
and that death occurred on the date tated abo	ve, at / 2;30 Am
The CAUSE OF DEATH * was as follows:	
a f	•••••••
Corcurona 7 he	ver,
(Duration)	sds,
Contributory	
(Duration)	sds,
Signed Nealand R Dil	ler M.D.
ew. (1 1931 (Address) Sel	our mo
*State the Piscase Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	in deaths from and (2) Whether
8 LINGTH OF RISIDENCE (For Hospitals, ients or Recent Residents)	Institutions, Trans-
At place In the of deathyrsmos,ds. State	yrsds.
Where was disease contracted, f not at place of dea h?	
Former or isual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ch whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on (clanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as racture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart Nomenclature not be disease;

PLACE OF DEATH
County Small
Village or City Meshinister No. Wash
PERSONAL AND STATISTICAL PARTICULARS
Male Mite Single, MARRIED WIDOWED WIDOWED (Write the word)
6 DATE OF BIRTH
Moreulas A 1903 (Month) (Day) (Year)
7 AGE  27 yrs. 2 mos. 24 ds. or min.
(a) Trade, profession or particular kind of work tatt Policeman  (b) General nature of industry business, or establishment in which employed or (employer)
(State or country)
10 NAME OF FATHER & Clinton Clinton Condition  11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Marnie M. Russer
13 BIRTHPLACE OF MOTHER (State or Country)  Marylane
(Informant) I Clinitan Revolution (Address) Williamsport, Md.
Filed //29 131 Flavordward

00356

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

:Ward)	(If death occurred in a hospital or institu-
	tion, give its NAME in- stead of street and number.)

M	EDICAL O	CERTIFIC	CATE	F DEAT	Н	
16 DATE OF D		marg	<u></u>	28	, 1923	/
	1	(Mont	h)	(Day)	(Year	)
17 / 1/4	EREBY CER					
yan 2	28	198/ to.	Jac	- 25	, 192	31
that I last saw	hemali	ve on	Jan	·	, 192	******
and that death	occurred o	n the date	stated	above, at	11 a	m
The CAUSE OF	DEATH *	was as foll	ows:			
Track	und s	bull	ause	dound	otoreva	le
	with					
10.1	1			1200		
Muspe	ey	(Duration	1)	yrs	mos	de
Contributor		***********		**********		
Secondary		/m .				,
× //	/	(Duratio			mos	ds
(Signed).	20	12	- see	-	mous	50
1/28/31	192 (A	ddress)	RR	luce	siste	5
*State Violent Cau Accidental, S	the Disase	Causing (1) Means				l r
18 LENGTH C			liospit	als, Instit	utions, lr	uns
ients or Rec	ent Residen	its)				
At place of deathyrs.	mos	ds.	In the State	yrs	mos	ds
Where was disea if not at place						
Former or usual residence		paga anan ga <del>ga</del> ana na bad o				
19 PLACE OF	BURIAL OR	REMOVAL		PATE	F BURIAL	
Willia	uske	t. W	-d	Jan	3/, 19	3/
20 UNDERTAK		/	2 X	ADDRES	â	

V 8 No.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (Teor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

s. inal menin itis"); Diphtheria (avoid use of "Croup"); ed term for the same dise se. Examples: Cerebros panal EASE CAUSING DEATH (the primary affection with respect Typihoid faver (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic ccrebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis pncumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VICLENT DEATHS state MEANS OF INJU.Y cough; Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINGING	WRITE PL -3, WITH UNFADING INK-THIS IS A PER ANENT CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	WRITE	N. BEvery Item CIANS sho statement	

PLACE OF DEATH	0030 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	7 1/
10: 40: 000	Registration Dist. No.
Village or City Sukerello Madreeleld	State He salal Ward) (If death occurred in
	tion, give its NAME in
2FULL NAME COLOR Rice	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Remole While Widoweb.	Jau. 6, 193
	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Feb - 14, 1867	March 22, 192 19 You, 6, 113]
(Month) (Day) (Year)	that I last saw h M alive on 1983,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
13 10 93   I dayhrs.	The CAUSE OF DEATH * was as follows:
63 yrs. 10 mos. 23 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Chlapsy
particular kind of work	
(b) General nature of industry business, or establishment in	E
which employed or (employer)	(Duration) D. yrs mos ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Tennoul and	(Duration) yrs de.
10 NAME OF	(Signed) Chace R Shuder M. D.
FATHER Edward Rice	0 0 21 00 00
OF FATHER	(Address)
Z (State or country) Tomsyllain	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Y 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Kelly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place / O OO mile /
(State or Country) Cuploud	At place of death of yrs. O mos 29 ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1 1000 2 00	Former or usual residence
(Informant) Calla Ilcords	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Serve Lalo Stato	Cotho Ballen Baltoma. 1/8 131
	20 UNDERTAKER BAYSTMA. ADDRESS,
Filed Jan 6 1923/ Chary / Lear	4611 Pho./1970.
Registrar	Ofemandemman Bolton
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

Exact		PLACE OF DEATH County Carrell
EXACTLY, y classified licate.	Vil	lage of City Faucksvill (No
pper	=	PERSONAL AND STATISTICAL PARTICULARS
be X	3 5	Nale White Single, MARRIED, MIDOWED, OR DIVORCED (Write the word)
ACE shou that it me	6 1	DATE OF BIRTH  LOCK  (Month) (Day) (Year)
supplied. ACE sn terms so that See instructions	7 /	If LESS than l day hrs. or min.?
should be carefully supplied. ACE should it of DEATH in plain terms so that it may is very important. See instructions on back	D V	DECUPATION a) Trade, profession or farmer articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
State CAUS CCUPATION	PARENTS	10 NAME OF FATHER CONAID RILL  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Clipabeth Sift  13 BIRTHPLACE OF MOTHER (State or Country)  14 Control of Country)  15 MOTHER Clipabeth Sift  16 Country Country)
BEvery Item of CIANS should statement of O	14	(Informant) Mus Noah W Rell  (Address) Haufstead my  Filed Jul 16 1931 Wyr a abbeatt  Registrar

00358

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred In a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CEI	RTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	/	/	3	1983/
***************************************				
170 I HEREBY CERTIF				
June 1, 196	30.6	Jaw	15	198/
that I last saw h Mode alive	- 11	//		
/	/ 1	/		
and that death occurred on t	1 /		ve, at	<u> </u>
The CAUSE OF DEATH * was	foll	ows:	,	15.1
<i>[</i> ]			<b>_</b>	
Casamon	es U	ISH	orna	clu
	,			
Λ		***************************************	1	·····
	(Durstion	)yri	6 m	0 / J d
Contributory	itis	ntr	uman	·
Secondary Of	+	0		سی.
/ / / /	./ 3	H		108 / Ud
(Signed) Cagas m	10	usly		М. Г
1/16/ /1981 (Addre		ande	olec	1. m
				ths from
State the Disease C Violent Causes, state (1)	Means	of Injury	and (2)	Whether
Accidental, Suicidal or Homic	_			
18 LENGTH OF RESIDENCE	E (For	Hospitals,	Institut	ions, Tran
		In the		
At place of deathyrsmoss	ds.		yra	.mosd
Where was disease contracted, if not at place of death?				

Former or

OR REMOVAL

DATE OF

20 UNDERTAKER

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise speciments. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulor heart disease; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory of the

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FEB

V 8 No. 1

PLACE OF DEATH	00359 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	culosis Sanatorium Dist. No. 74
Village or City Henryton, Md. (No. Colored F	Stanch St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME George Sanders	etead of etreet an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, SINGLE WIDOWED.  Male Colored (Wite the word)	16 DATE OF DEATH  Jan., 21, 1931 , 192
May 18, 1893	(Month) (Day) (Year) (Y
(Month) (Day) (Year)	that I last saw h im alive on Jan., 21, 1931, 192
7 AGE If LESS than	The state of the s
37 yrs. 8 mos. 3 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	<i>₩</i> .
particular kind of work Laborer	
(b) General nature of industry  business, or establishment in  which employed or (employer)	(Duration) 1 yrs. 0 21 ds.
9 BIRTHPLACE (State or country) Virginia	Contributory Secondary (Duration) was mos ds
father Alfred Sanders	(Signed) M. D. 1/21/31 192 (Address) Henryton, Md.
of Father (State or country) Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1). Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Adeline Walker	18 LUNGTH OF RESIDENCE (For licepitale, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Virginia	At place O yrs. 1 mos. 24 State 2 yrs. 1 mos. 24
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,??????
(Informant) Mun Concein.	Former or 433 Mott St., Balto., Md.
(Address) Henryton, Md.	Larfolk Le. Date of Burial
Filed 1/21/31 192 Multiplicate Deputy Local Registran	Year you Septemble
If more hanks are needed addre a 'tatu haristra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emnature of the husiness or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL scpticaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory affection need not be

PLACE OF DEATH	00360 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 76
Village or City // Suriustes (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Male White Single,  Married Midowed  Widowed  (Write the word)	16 DATE OF DEATH January 23, 195/ (Month) (Day) (Year)
1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from  193 to 193
7 AGE    If LESS than   I day hrs.   ds.   or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Cornary Thrombons
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory work that I know
10 NAME OF M. L. M. Seabook	(Signed) Many Mr. D.
OF FATHER (State or country)  Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarrief P. Thomas  13 BIRTHPLAGE	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Us. Caul Weimert	usual residence
(Address) Maturiuster Med	Stillysburg, Od Jan 25, 19.3)
Filed 1/14 1921 Acles of Registras	J. a. Shaves & Son Westimister
If more blanks are needed, address Ltate Registra	r, 16 W Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (o) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy -Coal mine, etc.

Statement of Cause of Death—Name, first, the pieces causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospical fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

papproved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic ocid-probably suicide. The n\_ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

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7 A per

PLACE OF DEATH County Curroll		0036
1004	ly kesoi	
2FULL NAME Gobot, T.	Strept	eg :
PERSONAL AND STATISTICAL PARTIC	ULARS	MED
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	ridows.	16 DATE OF DEA
6 DATE OF BIRTH  Och. = 28.	-, 1855	Jan 2
(Month) (Day)  7 AGE  7 J yrs. 2 mos. 27 de	(Year)  [If LESS than I day hrs. I or min.?	and that death on The CAUSE OF D
(a) Trade, profession or particular kind of work farmer (reference)  (b) General nature of industry business, or establishment in which employed or (employer)	رک	Circo
9 BIRTHPLACE (State or country) Maryland.		Contributory Secondary
OF FATHER GEO. II. Shipley  II BIRTHPLACE OF FATHER (State or country)  Maryland  12 MAIDEN NAME		(Signed)
of MOTHER Julia Course	ell	Accidental, Suicions 18 LENGTH OF
13 BIRTHPLACE OF MOTHER (State or Country)  Many leased		At place of deathyrs Where was disease
6. 10.	EDGE	if not at place of of Former or usual residence
(Informant) Clarge N. Ony	And.	Betherda
15 Filed Jan 26 193/ 4 William Ist	Immom Registrar	20 UNDERTAKER

00361

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Jany - 75 =, 198/
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased fr  2 3 1933! to 2 5 , 192
that I last sew h malive on John 2 1, 192 and that death occurred on the date stated above, at 1/16 a
ine CAUSE OF DEATH * was as follows:
Cerebral Empoles m
Contributory (Durstion) 778 778 778
Secondary  (Duration)  yrs
Jan. 25 1923 (Address) Elderture
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
At place In the of deathyrsmosds. Stateyrsmos
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
19-11-1- 5 27- 37- 3

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6) Grocery,

Statement of Cause of Death—Name, first, the pac-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acconted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; (Recommendations on statement of cause of death Never report mere symptoms or terminal condietc. The contributory

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from that I last saw h Malive on and that death occurred on the date stated above, at .... The CAUSE OF DEATH \* was as follows: (Address) the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the .yrs......ds. State\_\_\_\_yrs.\_\_\_nos.\_\_\_ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Former (received state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return"Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on be used only when needed. (b) Cotton mill; (a) Salesmon. without more precise specification as For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)(b) Grocery; engineer, Doy

Statement of Cause of Death—Name, first, the Directors of Cause of Death—Name, first, the Director of Causa of Causary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinus\* fever (the only definite synonym is "Epidemic cerebrospinus penal meningitis"); \*Diphiheria (avoid use of "Croup"); \*Typhoid fever (never report "Typhoid Pneumonia,"); \*Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Recommendations on statement of cause of death approved by Committee on Nomenclature causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulor heart disease; Chronic interstitiol nephritis, etc. The contributory totalius) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Hacmorrhage,"

-	PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Pyklesville (No. Epringful a 2FULL NAME Manuel Sires	Registration Dist. No. 7  Ward)  St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Married, Widowed. Lingle OR DIVORCED (Write the word)	16 DATE OF DEATH January 5 = , 1981.  (Month) (Day) (Year)
	G DATE OF BIRTH  January 29th, 1889  (Month) (Day) (Yeer)	17 I HEREBY CERTIFY, That becomes the deceased from 198 to 192,
	7 AGE  43 yrs. // mos. 8 ds.    If LESS than    1 day hrs. or min.?	and that death occurred on the date stated above, at 2.30 Pm. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	from a scappold.  (Duration)
+	9 BIRTHPLACE (State or country)  1 10 NAME OF	Contributory Secondary  (Duration)  yrs
	FATHER Swrge Dires	Jan. 5th 1986 (Address) Typesville Md.
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER HESTER Unn Mombuson  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place 2 24 In the 43 // 8
	OF MOTHER (State or Country)	At place of death yrs. 6 mos. 24 ds. State 43 yrs. 11 mos. 8 ds.  Where was disesse contracted, if not at place of death?
	(Informant) Springfred Hospital (Reards)	Former or Furstling, Md
	(Address) Lypesville Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jun 8 193/
	Filed Janes 19231 CHarry Weer Registrar	20-UNDERTAKER Jon Due Sypesnelo
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. For many occupations a yrs). For persons who have no occupation without more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

Registi

If more branks are needed, address State Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Collon mill; (a) Salcsman. without more precise specification as (b) Automobile factory. The Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ". ('Inanition,' ' 'Marasmus,' " 'Old Age,' " 'Shock,' 'Uraemia,' ' 'Weakness,' etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association. (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart disease; nephritis, etc. The contributory

stated EXACTLY, Proporty classified. ECORD ACE should be stated E that it may be proporty tions on back of oertific instructions 30 be carefully supplied EATH in plain terms in important, See instri MARGIN RESERVED Should I very SO CIANS should statement of

PLACE OF DEATH County Carroll

00365	STATE	OF	MARY	LAND	
93-0	CERTIFI	CATE	OF	DEATH	
Sanatorium	Regist	ration	Dist. No	74	

Maryland	Tuberculosis	Sanatorium
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Village or City Henryton, Md. (No. Colored Branch

(If death occurred in a hospital or institu-Ward) tion, give its NAME in -stead of street and

number.)

Howard Sorden <sup>2</sup>FULL NAME

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Jan., 21, 1931 , 192
(Month) (Day) (Year) (Year)
Jan., 19, 1931, to Jan., 21, 1931
that I last saw h im alive on Jan., 21, 1931, 192
and that death occurred on the date stated above, at 7.15 AM.
The CAUSE OF DEATH * was as follows:
1
Hente negocarditis
(Duration O yrs. O mos 72 ds.
Contributory Secondary
(Duction) 78 mos ds.
(Signed) Jun ( M. D.
1/21/31 192 (Address) Henryton, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
10 LUNGTH OF RUSIDENCE (For flospitals, Institutions, Transfients or Recent Residents)
At place O yrs O mos. 2 ds. In the State 20yrs O mos. O ds.
Where was disease contracted Fruitland, Md, if not at place of deah?
Former or Fruitland, Wicomico Co., Md
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PURIOUS GRAND GEN JON 25, 1931
2D UNDERTAKER ADDRESS

PERSONAL AND STATISTICAL PARTICULARS SSINGLE, MARRIED. 3 SEX 4 COLOR OR RACE Single WIDOWED. Colored Male OR DIVORCED (Write the word) 6 DATE OF BIRTH 22, 1907 May (Day) (Month) (Year) 7 AGE If LESS than l day hrs. 23 BOCCUPATION (a) Trade, profession or Laborer particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Delaware 10 NAME OF FATHER Emery Sorden 11 BIRTHPLACE ENTS OF FATHER Delaware (State or country) 12 MAIDEN NAME 0. PA OF MOTHER Ceasy Hayman 13 BIRTHPLACE OF MOTHER Maryland (State or Country) OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Lew 11 (Informant) Henryton, Md. Filed 1/21/31

Local

Registrat

If more blanks are needed, addre. s Ltate Registrar, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise special and us way laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospanulater (the only definite synonym is "Epidemic cerebrospanulational meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, Chronic interstitial nephritis, approved by Committee on Idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY " "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature

	PLACE OF DEATH				
	County Owner				
Vil	2FULL NAME	ig. Hep	(No.	24	M
-	PERSONAL AND STA	TISTIC	AL PAR	ricu	LARS
3 5	hale Thir	RACE E	SINGLE, MARRIED WIDOWEI OR DIVOI (Write the	RCED	Più.
6 (	DATE OF BIRTH	Left (Month)	(Da	/ =	., 19
7 /		(ayou out)	(24)		IFLES
ВС	yrs	3 m	08. 27	d.	l day
( P () b	g yre.	A	los. 27	do.	l day
(P()b v	yrs	A	hon	ds.	l day
(P()b v	yrs	<i>A</i>	hon	de.	l day
S S	yrs	<i>A</i>	hon	de.	l day
ARENTS (q)	yrs	<i>A</i>	hon	de.	l day
RENTS A G	yrs	<i>A</i>	hon	ack on	l day

00366

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDIC	AL CERTIFICAT	E OF DEATH	
16 DATE OF DEATH	Jany	- 8 36	1933/.
***************************************	(Month)	(Day)	(Year)
17 I HEREBY	CERTIFY, That I	attended the de	ceased from
A0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	192 to	******************************	, 192
that I last saw h			
and that death occur	red on the date sta	ted above, at	30 W.
The CAUSE OF DEAT	TH * was as follows	2.1.	
	· Ional	itio	
ne	wardi	tin	
· · · · · · · · · · · · · · · · · · ·			4040000000000000000
	(Duration)	.5. yr.	108 d
	Cardine d		-/-
Contributory Secondary	and the second	Charles I am June 1	
	(Duration)	Vrs. 2 m	nosd
(a) ) Office	when &	will	14.1
(Signed)	······································	Que	- 21.
1/0/03/192	(Address)	muy	9
*State the D Violent Causea, st Accidental, Suicidal	isease Causing Dea ate (1) Meana of or Homicidal.	th, or, in dea Injury and (2)	ths from Whether
18 LENGTH OF RE	SIDENCE (For Ho		
At place	In	the	

.yrs.....ds.

20 UNDERTAKER

Former or usual residence

Where was disease contracted, if not at place of death?.....

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruont, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Form loborer, Loborerwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The inaterial -Coal minc, etc. Wom-6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as Ac taken. For Violent DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-'clanus' may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions Recommendations on statement of cause of death Never report mere symptoms or terminal condi-TAL, SUICIDAL, OF HOMICIDAL, Example: Measles (disease Measles;

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County W CALL CO	CERTIFICATE OF DEATH
Village or City Inflated (No.  2FULL NAME MOLMORAL PARTICULARS  DO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Registration Dist. No. 7
2FULL NAME MOLMORSON - A:	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WIDOWED. MOUNTA	16 DATE OF DEATH 2. 2-1, 192 (Month) (Day) (Year)
WIDOWED. MOUNTED OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 192.7 to 22, 1923/
(Month) (Day) (Year)  7 AGE    If LESS the law or mos.   ds.   or mire.	and that death occurred on the date stated above, atm, rs. The CAUSE OF DEATH * was as follows:
particular kind of work 1960 11h times	Combral Jamarhaga
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) (State or country)	Contributory Secondary
10 NAME OF FATHER (Infanourum	(Signed) Pr. M. Share M. D.
OF FATHER (State or country) UNKNOWN 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address)# 36/5 white are Ballin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4. My Plasant Junely Jan 24, 1931
Filed 24 192/ The Registrar	1 - Em Ruslesson MU

RTIFICATE OF DEATH
Registration Dist. No.
Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
RTIFICATE OF DEATH
7 m. 22, 1923/
(Month) (Year) (
on fan, 1927
the date stated above, at 11 Am
l Jem ovher ja
(Duration) vrs. mos 3 de
(Durstion) 2 yrs mos de
Causing Death, or, in deaths from Means of Injury and (2) Whether cidal.
E (For Hospitals, Institutions, Trans  In the Stateyrsmosds

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic affection need not be etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V 8 No. 1

	PLACE OF DEATH		16368 STATE OF	MARYLAND	
	County Carroll		(23) CERTIFICAT	E OF DEATH	
	Marylan	d Tuber	culosis Sanatorium Registration	Diet No. 74	
Vi	illage or CityHenryton, Md. (No. CO		St.: Ward	d) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and	
	<sup>2</sup> FULL NAME Wilson Swailes	•••••••••		number.)	
	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE	OF DEATH	
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE! (Write the word	D	16 DATE OF DEATH		
-	DATE OF BIRTH	1)		(Day) (Year) (Year)	
6			170/1/30 CERTIFY, That I	deceased from	
	Jan., 1, 1903 (Month) (Pay)	, 1	that I last saw him alive on Jan.,	19, 1931	
		(Year)			
7	AGE	If LESS than	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at 100 00 my	
	27 yrs. 0 mos. 18 da	s. or min.?	Pulmonary Tuberculo	sis	
) i	occupation (a) Trade, profession or particular kind of work Chauffeur (b) General nature of industry business, or establishment in which employed or (employer)		(Duration) 1	yre. 3 mos. 19 de.	
9	State or country)  Maryland		Contributory Secondary	mosds.	
***************************************	FATHER George W. Swaile	s	(Signed). 1/19/31 192 (Address) Henry	Mew M.D.	
ENTS	of father (State or country) Maryland		*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	n, or, in deaths from njury and (2) Whether	
PAR	12 MAIDEN NAME		18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place O yrs 3 mos 18 in the 27 yrs 0 mos 18 ds.		
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland				
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWN	EDGE	Where was disesse contracted, Brookevi	lle, Md.	
	(Informant)	New!	Former or usual residence Prookeville, Mor	7	
	(Address) Henryton, Nd.		19 PLACE OF BURIAL OR REMOVAL	//22 , 193/	
15	Filed 1/19/31 192	Mall	20 UNDERTAKER	ADDRESS	
=			r, 16 W. Saratoga St., Balto., Lequesting V.	S. I.e. I. Work	
	in inore-plants are needed, addre.s	- rate wedieria		900	

### CERTIFICATE OF DEATH UNITED STATES STANDARD

The state of

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Flanter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, (b) Grocery;

s. inal menin\_itis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemia cerebraed term for the same dise\_se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accep-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) filecommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

permanently filed. data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the

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PHYSI.

	of DEATH		28) CERTIFIC	OF MARYLAND ATE OF DEATH
	Henryton,	Md. (No. Colored B	losis Sanatorium <sub>Registra</sub>	
		ICAL PARTICULARS	MEDICAL CERTIFICA	
э sex Male	4 color or race			, 1931 , 192
6 DATE OF BIR	Tan 3	(Day) (Year)	17 I HEREBY CERTIFY, That NOV. I7, I9302 to that I last saw him alive on Ja	I attended the deceased from Jan. 30, 1931, 192.,
a occupation		If LESS than I day hrs. or min.?	and that death occurred on the date at The CAUSE OF DEATH * was as follow Pulmonary Tub	ws:
(b) General n business, or e	ature of industry stablishment in ed or (employer)		(Duration)	I yrs 2 mos 30 ds.
10 NAME OF FATHER	Alaba Dimos		(Signed) (Address) He	nryton, Md.
OF FATH	r country) Alaba	ma	*State (the Disease Causing Divident Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
OF MOTH 13 BIRTHPI OF MOTH (State or	LACE HER	Petterson		in the 4 yrs 2 mos 3 ds.
(Informant (Add	Henryto	O'New,	Where was disease contracted, it not at place of dea h?	DATE OF BURIAL  2/3/, 193/ ADDRESS Balto, Md

If more banks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeanum as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Grocery,

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebroof fever (the only definite synonym is "Epidemic cerebrosinal maninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death st.ted unless important. Example: Measles (disease (ctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions an avered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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N. B.—Every with not information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS and state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
ate.	
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	PLACE OF DE	EATH		or trafferen	. 0037	STATE OF	MARYLAND
	County Carrol	1			(23)	CERTIFICATE	OF DEATH
		Md. Tub	erculos	sis Sanat	torium.	Registration I	Dist. No. 74
Vi	llage or City Hen	ryton E Grace		lored B	ranch)	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AN	D STATISTIC	AL PARTIC	ULARS	MED	ICAL CERTIFICATE C	OF DEATH
		ored	SINGLE, MARRIED, WIDOWED, M OR DIVORCE (Write the word	farried	16 DATE OF DEAT	Jan. 28, 1931	•, 192
6	DATE OF BIRTH				17 I HERE	BY CERTIFY. That I atte	ended the deceased from
5		(Month)	1908,	, 1(Year)		93I 192 to Jane r alive on Jan. 2	
7 /	22 .	yrs. 4 me	s. 5 d	If LESS than I dayhrs. ormin.?		curred on the date stated ATH * was as follows:	above, at 840 P.m.
(	a) Trade, profession particular kind of wor	r Ho	usewife	3.	Pulm <b>o</b> n	ary Tuberculo	sis
1	b) General nature of ousiness, or establishm which employed or (em	industry ent in				(Durstion)	5 0 ds.
9 1	SIRTHPLACE (State or country)	Virg	inia.		Contributory Secondary	Suration S	278
	10 NAME OF FATHER	Grant	Mason		(Signed) I/28/3I.	Henryt	Much, M.D.
ENTS	OF FATHER (State or country)	Vir	ginia			Diacase Causing Death, state (1) Means of Injuly of Homicidal.	
PAR	12 MAIDEN NAME OF MOTHER	Emma	Drew		18 LENGTH OF RESIDENCE (For I		
	13 BIRTHPLACE OF MOTHER (State or Country) Virginia		At place O of death yrs. O Where was disesse cut not at place of d	moa. 19 ds. In the	I Oyrs. O mos. O ds.		
(Informant)  John E. O(Neill							
			usual res.dence	Baltimore, Md	DATE OF BURIAL		
	(Address)	He	nryton,	-Md.	Baller	///-/	Feb. 1, 19031
15	Filed I/28/3I.		Local	Cell 1 Registras	20 UNDERTAKER	Il Those is	o 638 po Salmos
	If mo	e b.anks are ne		Ltate Kegistrai	, 16 W. Saratoga St	., Balto., Lequesting V. S	, ho. 1.

### REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cl cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

s, inal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respec

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E haustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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data is esential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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WRITE PL

00371 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(KZ-DG)	
Registratio	on Dist. No.
Village of the Branch No. St.: Wa	a nospital of institut
2 FULL NAMe Margaret - Ellen Ware	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATI	E OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIES, COLONGO 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month)	(Day) (Year)
6 DATE OF BIRTH  Oct 5, 1853  (Wonth) (Day) (Year) that I last saw herealise on 197	nu /6 ,193 (
7 AGE  (Month) (Day) (Year) that I last saw have alive on	ated above, at 3 250 m.
B OCCUPATION (a) Trade, profession or Apparticular kind of work  Particular kind of work	orhage
(b) General nature of induatry business, or establishment in which employed or (employer) (Duration)	yrs,ds,ds,
9 BIRTHPLACE (State or country) Maruleus (Duration)	yrsdsds.
10 NAME OF FATHER OF TOUR Pucharder Jan 16 19 (Add Jane)	lallo tour
OF FATHER (State or country)  OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  Accidental, Suicidal or Homicidal.	Injury and (2) Whether
	the State yrs ds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Former or	
(Information ) Side Ware usual residence usual residence 19 PLACE OF BURIAL OR REMOVAL  (Address) Sullebarrille Mark Proposition of the control of the contr	DATE OF BURIAL

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many 6

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accent-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonilis, "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY " "Weakness," etc., when a definite disease cough; Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature of the disease;

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

PLACE OF DEATH	09372 STATE OF MARYLAND
County Lo assoll	CERTIFICATE OF DEATH
0.0 15	Registration Dist. No.
Village or City Sulvey Water	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME MANY LONDON	fingling tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORGENCE (Write the word)	16 DATE OF DEATH 30, 1931 (Month) 30(Day) (Yes 5/
6 DATE OF BIRTH	17 LIFREBY CERTIFY, That I attended the deceased from
Asarch 14, 1882	1929. to an 30 , 193/
(Month) (May) (Year)  7 AGE     If LESS than	and that death occurred on the date stated above, at 6.550 m.
1 1 - 1 -	The CAUSE OF DEATH * was as follows:
B OCCUPATION 16 ds. or min.?	Crimany in Agolarectomy February
(a) Trade, profession or particular kind of work	10th, 1930. custo?
(b) General nature of industry	Rotting Blocker Clark
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
ID NAME OF PATHER OF PATHER	(Signature ) Contract
II DIDTADINE OTHER SHORY	20 30 10 (Addres) Junos Halls for
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pelsen of oronth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER A PAGE	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informants again to Gingling	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	Elver Run and Feb 2. 1931
Filed Jan. 3 Lat. 1981. Calvin Banker S. Registrar	2D UNDERTAKER APPRESS APPRESS APPRESS
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, laborer, Farm laborer, raino are state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salcsman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of parsons enen at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many Laborer-Coal minc, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroading fever (the only definite synonym is "Epidemic cerebroadings; spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstilial nephrilis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) totanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train. taken. For VIOLENT DEATHS state MEANS OF INJULY Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease valvular heart disease; etc. The contributory

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9-45-15 M

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg.	Dist.	No

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:	
County						
Kow long in above p Hospital, institution	ace ot death?, or sireet address where	death occurred	URAL and give nearest town)	Street Mo.		
				2.(a) It veteran, name war		
3.(a) FULL NA					3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			e, married, widowed, or divorced		. CERTIFICATION	
				20. DATE OF DEATH		
			c) it alive, give ageyears	21. I CERTIFY that death occurred on the da		
7. Birth daie of		0.(4	o) it alive, give ageyears	and that I last saw halive on		19
deceased (mo., d	ay, yr.) ears   Months	Days	If less than one day	Immediate cause of death		
			hrs. min.			
			state)	Due to		
11. Industry or bus	iness			Oue to		
12. Name 13. Birthplace		•••••		Other conditions		
06				(Include pregnancy with		
15. Birthplace						
				Autopsy results	to which death should be charged	statistically.
Address		Nate ther	ent	22. VfOLENCE: If death was due to extern Accident, suicide, or homicide		
	tion, or removal. Which		(month) (day) (year)	Where did Injury occur?(City or to		
Location				Injured at home, tarm, industry, public place (where?)		
18. Funeral direct	or			Meens of injury	injured at work?	
Address				23. SIGNATURE		***************************************
19	19	******	Registrar		CHEST OF THE PARTY OF	
9				Address		